

VETERINARY REFERRAL / APPROVAL FORM



Client Name _____

Address _____

_____ Post Code _____

Telephone Number: Landline _____ Mobile _____

Dog's Details

Name _____ Sex _____ Insured Yes / No - Company? _____

Breed _____ Colour _____ Policy Number _____

Vaccination Expiry Date _____ DOB _____

Veterinary Details (this section must be completed by the dog's veterinary surgeon)

Veterinary Surgeon Name _____

Practice Name _____

Address _____

_____ Post Code _____

Telephone Number _____

Summary of the dog's injury/condition, areas of caution, background, comments etc _____

Is the dog on medication, if so please list details and dosages _____

Have you included clinical notes YES or NO _____

In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment?

Yes _____ No _____ (reason) _____

Print Name _____ Signature _____ Date _____

I /We declare that I/We Am/Are the legal owner(s) of the dog named above and that the information shown on this form is correct.

Signature/s _____ Date _____